



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MEMBERS PRESENT: Amber Kyle, Walter Grace, Hugh Gamble; John Nelson, Mark Galtelli; William Avara; Rick Carlton; Clyde Deschamp; Jonathan Wilson; Ben Yarbrough; Kevin Holland; Doug Higginbotham				
FACILITATOR: Dr. Avara, Chairman				
CALL TO ORDER: TIME: 10:04 AM/PM		DATE: 02/01/2017	PLACE: MSDH Cobb Auditorium/ Osborne Building	
MINUTES OF PREVIOUS MEETING:		Minutes: [] Approved [] Not Approved [] Distributed by E-mail		
TOPIC	MAIN POINTS OF DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTION	RESPONSIBLE PARTY	F/U Date
Welcome	Dr. Avara called meeting to order and welcomed all present.	N/A	N/A	N/A
Review of minutes from the previous meeting: 11-09-2016		Mark Galtelli - motion to approve Jonathan Wilson- 2 nd	group	M-S-P
OLD BUSINESS				
Activation & Destination Criteria	Dr. Donald updated the committee on the work of the taskforce for the proposed changes to the activation criteria and destination guidelines. There was discussion of overtriage with analysis of data from 2015. There was discussion about separating the activation criteria (hospital) from the destination guidelines (EMS). <ul style="list-style-type: none">Recommendations from the orange book (by ACS) incorporated into the proposed draft. This includes moving most anatomic criteria to bravo and keeping physiologic criteria as Alpha. Examples were given to the group.	Specific recommendation <ul style="list-style-type: none">Moving anatomic criteria to bravo<ul style="list-style-type: none">ALL penetrating injuries to the head, neck, torso, and extremities proximal to elbow and kneeChest wall instability or deformity (e.g, flail chest)Two or more proximal long bone fracturesCrushed, degloved, mangled or pulseless extremityAmputation proximal to wrist or ankleOpen or depressed skull fractureParalysis (secondary to trauma)Change penetrating injury to GSW and move all other penetrating injury to bravoChange “transport to Level I, II, or III trauma center” to “transport to an appropriate trauma center”.Change GCS to <9 or deterioration by 2 (with trauma MOI)	M-S-P Motion – Doug Higginbotham 2 nd - Kevin Holland Group vote 4- no 7- yes. Vote passed.	<ul style="list-style-type: none">March 1st – review by MDTQA for approvalClyde follow up with Air MedicalBoard of Health July meeting if cleared of all advisory groups by 2nd week of April
Region Reports	<ul style="list-style-type: none">Copy of each report in committee members packets	No comments questions or concerns/ No additional information.	Region Directors	ongoing
Committee Reports	<ul style="list-style-type: none">Rules & Regulations Reviewed by chapter- group was tasked to look at what is best practice and used as national standards. Referral to Orange Book often. 515 bullet point changes - for every bullet point there has			



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	been 1 hour of time involved. Everyone has had the opportunity to read and review the changes.			
	<ul style="list-style-type: none"> Chapter 1- Administrative- 92 bullet points Definitions, wordsmithing including changing would with should. Jim Craig Rule 1.1.4 bypass & diversion – diversion - no diversion in the EMS world and this does not apply from scene to hospital. 	Motion- Mark Galtelli 2 nd - Kevin Holland	Teresa	4-19-2017
	<ul style="list-style-type: none"> Chapter 2- No changes 	Motion- Mark Galtelli 2 nd - Dr. Hugh Gamble	Teresa	4-19-2017
	<ul style="list-style-type: none"> Chapter 3- 75 bullet points Overview of “board certified” and that physicians must have been board certified but does not have to be current. Dr. Avara 3.1.5- looks for TMD to provide annual assessment of trauma providers? Teresa yes that is currently in the rules and regs, but this change that evaluation must be in writing. Discussed CME requirements. Discussed participation in meetings @ least 50% Requires policy for Massive Blood Transfusion protocol Must have written internal education plan. Establishing a minimum research publication standard. 	Motion- Mark Galtelli 2 nd - Kevin Holland No opposed	Teresa	4-19-2017
	<ul style="list-style-type: none"> Chapter 4- 70 bullet points Trauma surgeons dedicated to trauma center 50% requirement for meetings Massive Blood Transfusion protocol 	Motion- Clyde Deschamp 2 nd - Jonathan Wilson No opposed	Teresa	4-19-2017
	<ul style="list-style-type: none"> Chapter 5- 129 bullet points Trauma surgeon accountability of admission of patients to trauma surgeons and not to hospitalist Trauma specific education requirement for TPM CME requirements Massive Blood Transfusion policy Internal Education plan 	Motion- Mark Galtelli 2 nd - Jonathan Wilson No opposed	Teresa	4-19-2017
	<ul style="list-style-type: none"> Chapter 6- 14 bullet points Adds accountability to TMD TPM continuing education Specific guidelines that level IV centers need to have in place if they choose to keep ortho and neuro patients. 	Motion- Doug Higginbotham 2 nd - Jonathan Wilson No opposed	Teresa	4-19-2017
	<ul style="list-style-type: none"> Chapter 7 3 different levels of pediatric centers; Primary, Secondary, and Tertiary. 	Motion- Doug Higginbotham 2 nd -Mark Galtelli No opposed	Teresa	4-19-2017



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	Board Certification discussed Massive Blood Transfusion at all levels			
	<ul style="list-style-type: none"> Chapter 8- 14 bullet points Liaison at least 50% Time of arrival to evaluation by burn surgeon- clarification to group on language in reg 8.2.2. Teresa will make change on summary page. Written education plan Changes completely vetted by all burn centers in MS. 	Motion- Doug Higginbotham 2 nd - Jonathan Wilson No opposed	Teresa	4-19-2017
	<ul style="list-style-type: none"> E & D checklist Video laryngoscope- essential – Level I, II, III Tourniquets- essential all levels Arterial catheters- essential – Level I, II Ultrasound – essential – Level I, II E& D checklist – Pediatrics Video laryngoscope – essential – Tertiary 	Motion- Doug Higginbotham 2 nd - Clyde Deschamp No opposed	Teresa	4-19-2017
	<ul style="list-style-type: none"> Appendices A. No changes B. Consolidated Trauma Activation Criteria & Destination guidelines- revised B.1 Pre- Hospital Air Medical Utilization guideline- no changes B.2 Burn Destination Guidelines (new) C. Trauma Care Trust Fund Distribution Model (no change) 	Motion- Kevin Holland 2 nd - Clyde Deschamp No opposed	Teresa	4-19-2017
	Jim Craig states will have to file an economic impact statement prior to making changes if the group has not already completed prior to filing for public review	E& D chart to MHA for economic impact review.	David	4-14-2017
	<ul style="list-style-type: none"> Functionality 	Nothing to report on		
	<ul style="list-style-type: none"> Burn Subcommittee <p>Established PI criteria with 1st look at data Behind pink tab is a burn destination guideline has gone to EMS for vetting and matches ACDG.</p>	Vote – Dr Nelson approve 2 nd – Clyde D. No opposed	Mark	closed
	<ul style="list-style-type: none"> Trauma Registry Subcommittee <p>Met in Jan and completed list of recommendations for RFP language for registry Jimmy reminded group that the process does not mean we get everything we want but it's who can get close to that.</p>	RFP submitted Deadline of March 31 st .	Jimmy/ MSDH	ongoing
	<ul style="list-style-type: none"> MATA <p>Loss of medical school d/t tornado MATA recommends the 4 Level 1 facilities in our system reevaluate the outreach, research and mandatory training; particularly TNCC and ATLS</p>		Norm	closed



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	<ul style="list-style-type: none"> Dr. Duncan states that the scheduled classes of William Carey will continue as scheduled at a different location. That all training materials are still intact. 			
State Trauma PI Committee	Time was used for activation task force. Dr Avara asked do we have a chair for that meeting. Jim Craig states part of the recommendations that we are working on is a contract (such as Dr. Galli – EMS) to lead PI and Clinical Committee.	Next meeting April 4 th for PI Committee MSDH – awaiting response of surgeon to chair committee	Teresa	Next meeting
NEW BUSINESS				
Bureau Update	Update covered in previous, rules and regs and summaries. Teresa Windham has joined the department- welcome. We have had a pretty busy agenda for today. Thanks to the committees and work on the committees. Funding question- Jim Craig governor did apply additional cut to funding 1.45% + the 1.625% trauma distribution funds will be less those amounts. Also the payments have been sent back to Horne for recalculation. Dr. Avara does this apply to the department as well as the trauma fund. Jim Craig- yes and the department had to take an additional 2% cut. Amber asked if the 1.625 was administrative and if the 1.45 is administrative or all	Jim Craig explained how the cuts apply.	David	closed
Open Discussion	Wade states that Mr. Oliver requests that he ask this body request a report from the department on the 9 recommendations and the progress that has been made.	Motion – request a status report- Mark 2 nd – Kevin Holland No opposed	MSDH	Next meeting
	Walter Grace asked for accounting report for administrative cost of the department. Jim states will be happy to produce the report for administrative cost but everyone can go to transparencymys.com and see every budget and everything spent. Clyde states also asked for legal advice on lawsuit at Hattiesburg. Dr. Avara asks if this is information we could request from the attorney general office 2 nd request from AG opinion is a formal process. Group can send a formal letter to Jim or Dr. Currier and they can request.	Can view budget/finances at transparencymys.gov to review budget of department. MTAC to make formal request.	Group MTAC	Closed Next Meeting
Executive Session	-Group entered executive session for review of surveys/inspections during this time frame		Group	30 days
ADJOURNMENT: 12:20 AM/PM Next Meeting: May 10, 2017 Osborne Auditorium MINUTES RECORDED BY: Teresa Windham				